

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/06/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64520 Repeat Right Lumbar Sympathetic Plexus Block x1 and 72275 Epidurograph and 99144 Moderate Sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for 64520 Repeat Right Lumbar Sympathetic Plexus Block x1 and 72275 Epidurograph and 99144 Moderate Sedation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy notes 01/15/10-04/27/11
Clinic notes 01/14/10-06/25/12
Pain management notes 11/22/10-07/18/12
MRI right knee 02/22/10
Operative report 04/01/10
MRI right knee dated 06/01/10
Operative report dated 07/01/10
MRI right knee 10/11/10
Operative report 02/15/11
Designated doctor's evaluation 06/04/12
Procedure note dated 06/01/12
Prior reviews dated 07/24/12 and 08/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who initially sustained an injury in xxxx. The patient is status post multiple surgical procedures for right knee to include total knee arthroplasty in 2011. In conjunction with the patient's right knee osteoarthritis, the patient has also been assessed with chronic regional pain syndrome and has undergone two lumbar sympathetic blocks to

date. Pain management evaluation on 04/03/12 stated the patient has been compliant with care and did not improve with physical therapy. Physical examination at this visit revealed tenderness to palpation in right knee with swelling, allodynia, mottling, and discoloration of the skin with coolness of right lower extremity compared to left. Lumbar sympathetic block was recommended at this visit, and was performed on 06/01/12. A designated doctor's evaluation from 06/04/12 showed no objective findings consistent with CRPS or RSD. The patient was placed at MMI at this evaluation. Follow-up on 07/18/12 stated the patient continued to have significant pain in her right lower extremity. She reported 60% pain reduction in right knee after most recent lumbar sympathetic block. The patient was stated to be more successful with physical therapy and ambulation. Physical examination revealed loss of range of motion in right knee secondary to pain. Right lower extremity weakness secondary to pain was also noted on physical examination.

A repeat lumbar sympathetic block has been recommended, to be followed by continuing physical therapy. The claimant was also prescribed Lyrica.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient underwent previous lumbar sympathetic block on 06/01/12 which is reported to have provided between 60 and 80% of pain; however, there were no physical therapy notes submitted for review immediately following this injection that identified any significant functional improvements made with use of lumbar sympathetic block. There is also a significant difference in physical examination as designated doctor's evaluation from 06/04/12 found no evidence to support diagnosis of CRPS or RSD, and the patient's most recent physical examination was vague for supporting CRPS diagnosis. The patient was reported to have loss of range of motion and weakness secondary to severe pain on most recent physical examination. There is no clinical documentation establishing the patient's functional improvement with injections as result of attending physical therapy and the vague physical examination findings. There is insufficient evidence to support continuing lumbar sympathetic blocks based on current evidence based guidelines. The reviewer finds medical necessity does not exist for 64520 Repeat Right Lumbar Sympathetic Plexus Block x1 and 72275 Epidurograph and 99144 Moderate Sedation.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)